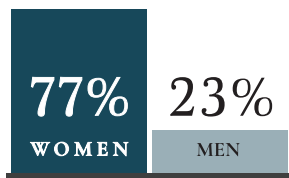




## Why is this campaign important now?

Women make up the majority of the healthcare workforce in the United States (U.S.) and many other countries. This means that the prevention, diagnosis, and treatment of disease as well as the care of patients largely falls on the shoulders of women. Women also comprise a large proportion of researchers; thus, the advancement of science is dependent upon them. Despite society's reliance on the intellect, care, and compassion of women in medicine, they are often not valued, respected, and treated equally with men. The **Invest In Her** campaign aims to highlight the urgent need to value women in medicine. Valuing women in medicine has a net positive effect on the health of all.

Healthcare and long-term care workers who have direct contact with patients<sup>1</sup>



## What is the campaign?

Every year, the course [Career Advancement and Leadership Skills for Women in Healthcare](#)<sup>2</sup> launches a new strategic initiative aimed at supporting women in healthcare. Once again, the [American Medical Women's Association \(AMWA\)](#) and the [Executive Leadership in Academic Medicine® \(ELAM\) program](#)<sup>3</sup> are partnering in this campaign. This year's **Invest In Her** campaign is a call to action for hospitals, healthcare institutions, government agencies, foundations, professional societies, and health-related companies to financially invest in:

**RECRUITING** women in medicine at all levels, especially promoting them to the highest leadership positions

**RETAINING** women in healthcare and providing them with the resources they need to succeed at work and in their personal lives

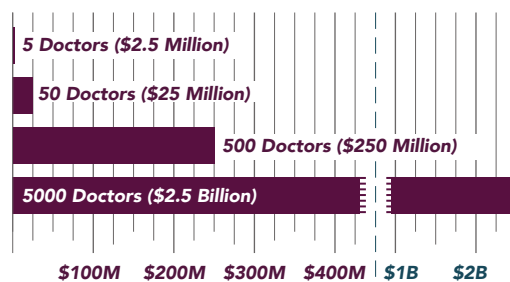
**RE-ENTRY** support for women who have left medicine due to rearing children, caring for aging parents, burnout, or for other reasons

**35 YEARS** Number of years with no progress for women in promotion to associate professor and full professor at US medical schools<sup>4</sup>

**25 YEARS** Number of years the pandemic has set back women's progress in the US workforce<sup>5</sup>

**7-15 YEARS** Number of years that doctors train after finishing college<sup>6</sup>

## Cost of Replacing Doctors Who Leave:



When a physician leaves an institution, the loss of clinical revenue, recruitment fees, and other costs are significant—reported to range from \$270K-960K.<sup>7</sup> This example uses \$500K.

## Supporting Nurses

There is a critical shortage of nurses in the U.S.<sup>8</sup> Two proposed solutions:



## Why Is This Support Needed Urgently?

The past few years have created a syndemic that is disproportionately affecting women in medicine, causing some to reduce their work hours or leave healthcare altogether. A syndemic occurs when two or more health-related issues—such as the COVID-19 pandemic, racial inequities, and the opioid crisis—collectively create a situation that has a more profound negative impact than any one issue would alone. These factors, together with a global increase in mental health symptoms and deterioration of many people's physical health from their baseline, have put an unprecedented strain on healthcare workers. The "Great Resignation" has exacerbated current and future shortages of physicians, nurses, staff, and other workers who are needed to power

this large industry. Women in medicine face many documented challenges including, but not limited to, inequitable pay and promotion and insufficient resources dedicated to mentoring and sponsorship. Importantly, women who identify with racial or ethnic minority groups or as LGBTQ or have a disability often face greater barriers as they navigate their careers.

These findings are deeply troubling. And yet, women in medicine can be a key part of the solution. Urgent strategic investments are needed to recruit women into medicine at the beginning of the pipeline and to promote them to top leadership positions. It is essential to retain women in medicine throughout their careers by valuing their work and ensuring equitable policies. For those who have left clinical medicine and are inclined to return, there is a need to expeditiously expand pathways, training, and other support to help them re-enter.

<sup>1</sup> [Key Characteristics of Health Care Workers and Implications for COVID-19 Vaccination. Kaiser Foundation. \(2021\).](#)

<sup>2</sup> [CME leadership course directed by Julie K. Silver, MD, Associate Professor and Associate Chair, Department of Physical Medicine and Rehabilitation, Harvard Medical School and Spaulding Rehabilitation Network](#)

<sup>3</sup> [Core program of Drexel University's College of Medicine](#)

<sup>4</sup> [Women Physicians and Promotion in Academic Medicine. New England Journal of Medicine. \(2020\)](#)

<sup>5</sup> [How COVID-19 Sent Women's Workforce Progress Backward. Century Foundation and Center for American Progress. \(2020\)](#)

<sup>6</sup> [The Road to Becoming a Doctor. Association of American Medical Colleges. \(2020\)](#)

<sup>7</sup> [Estimating Institutional Physician Turnover Attributable to Self-Reported Burnout and Associated Financial Burden. BMC Health Services Research. \(2018\)](#)

<sup>8</sup> [American Hospital Association Letter Re: Challenges Facing America's Health Care Workforce as the U.S. Enters Third Year of Covid-19 Pandemic. \(2022\)](#)

